

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 4.19-B  
Page 9

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: July 1, 1992

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Continued)

- b. Services of Christian Science Nurses - Not Provided.
- c. Care and Services Provided in Christian Science Sanatoria - Not Provided.
- d. Nursing Facility Services for patients under 21 years of age  
SEE ATTACHMENT 4.19-D

- e. Emergency Hospital Services

Reimbursement is based on the lesser of the amount billed or the maximum Title XIX (Medicaid) maximum charge allowed. The Title XIX (Medicaid) maximum was established utilizing 80% of the Blue Shield customary as reflected in their 10/90 publication.

For those procedures which Blue Shield did not have a comparable cost, the rates were increased by 35%. The 35% represents the average overall increase for all services.

**Effective for claims with dates of service on or after July 1, 1992, the Title XIX maximum rates were decreased by 20%.**

STATE	Arkansas	A
DATE RECD	JUL 20 1992	
DATE APPVD	JUN 30 1993	
DATE EFF	JUL 01 1992	
HCF# 179	92-28	

Supersedes: TN 91-29

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
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Revised:

July 1, 1997

23. RESERVED

STATE	<u>Arkansas</u>	A
DATE	<u>5/14/97</u>	
DATE	<u>8/12/97</u>	
DATE	<u>7/1/97</u>	
HCEA 179	<u>97-05</u>	

SUPERSEDES: TN - 92-17

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Revised: January 1, 1989

24. Effective July 1, 1973, for public institutions furnishing services free of charge or at a nominal charge to the public, reimbursement will be based on reasonable cost of services.

STATE	ARK	A
DATE REC'D	3-23-89	
DATE APP'D	8-18-89	
DATE EFF.	1-1-89	
HCFA 174	89-15	

*Supersedes 87-12*

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October 1, 1991

25. (RESERVED)

STATE	<i>Arkansas</i>	A
DATE REC'D	NOV 21 1991	
DATE APPV'D	DEC 13 1991	
DATE EFF	OCT - 1 1991	
HCEA 179	91-52	

*Supersedes: 2/mc-2/ew Page*

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Revised: July 1, 1997

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.
- (a) Effective for dates of service on or after July 1, 1997, Personal Care Aide Services are reimbursed per unit of service based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed which is \$12.35 per hour.

STATE	Arkansas	A
DATE	5/11/97	
DATE	8/12/97	
DATE	7/1/97	
HCFA 179	97-05	

SUPERSEDES: TN. 91-26

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OTHER TYPES OF CARE

Revised: July 1, 1997

27. Pediatric or family nurse practitioners' services as defined in Section 1905 (a) (21) of the Act (added by Section 6405 of OBRA '89)

Reimbursement is based on the lower of the amount billed or the Title XIX maximum allowable.

The Title XIX maximum is 80% of the physician fee schedule except EPSDT procedure codes. Medicaid maximum allowables are the same for all EPSDT providers. Immunizations and Rhogam RhoD Immune Globulin are reimbursed at the same rate as the physician rate since the cost and administration of the drug does not vary between the nurse practitioner and physician.

Refer to Attachment 4.19-B, Item 6.d.(6) for obstetric-gynecologic nurse practitioner reimbursement.

The nurse practitioners have indicated they will only use the following pediatric and obstetrical procedure codes:

MAXIMUM MEDICAID PAYMENT RATES FOR NURSE PRACTITIONER PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
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• Office of Other Outpatient Services

NEW PATIENT

99201	CPT-4 1997 Code	\$ 22.00
99202	CPT-4 1997 Code	\$ 33.00
99203	CPT-4 1997 Code	\$ 47.00
99204	CPT-4 1997 Code	\$ 64.00
99205	CPT-4 1997 Code	\$100.00

STATE <u>Arkansas</u>	A
DATE <u>5-6-97</u>	
DATE <u>7-30-97</u>	
DATE EFF <u>7-1-97</u>	
NCFA 179 <u>97-02</u>	

SUPERSEDES: 78

96-10

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: July 1, 1997

27. Pediatric or family nurse practitioners' services as defined in Section 1905 (a) (21) of the Act (added by Section 6405 of OBRA '89) (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR NURSE PRACTITIONER PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
<u>Office of Other Outpatient Services</u>		
<u>ESTABLISHED PATIENT</u>		
99211	CPT-4 1997 Code	\$11.00
99212	CPT-4 1997 Code	\$20.00
99213	CPT-4 1997 Code	\$26.00
99214	CPT-4 1997 Code	\$51.00
99215	CPT-4 1997 Code	\$85.00

STATE <u>Arkansas</u>	A
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DATE <u>97-02</u>	
HCFA 179	

SUPERSEDES: TN 96-10

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Revised: July 1, 1997

27. Pediatric or family nurse practitioners' services as defined in Section 1905 (a) (21) of the Act (added by Section 6405 of OBRA '89) (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR NURSE PRACTITIONER PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
<u>Emergency Department Services</u>		
<u>NEW PATIENT or ESTABLISHED PATIENT</u>		
99281	CPT-4 1997 Code	\$18.00
99282	CPT-4 1997 Code	\$28.00
99283	CPT-4 1997 Code	\$40.00
99284	CPT-4 1997 Code	\$52.00
99285	CPT-4 1997 Code	\$60.00

STATE <u>Arkansas</u>	A
DATE <u>5-6-97</u>	
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DATE <u>7-1-97</u>	
HCFA 179 <u>97-02</u>	

SUPERSEDES:

96-1D



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Revised: July 1, 1997

27. Pediatric or family nurse practitioners' services as defined in Section 1905 (a) (21) of the Act (added by Section 6405 of OBRA '89) (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR NURSE PRACTITIONER PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
<u>Immunization Injections</u>		
90701	CPT-4 1997 Code	\$18.00
90702	CPT-4 1997 Code	\$18.00
90703	CPT-4 1997 Code	\$12.80
90704*	CPT-4 1997 Code	\$17.78
90705*	CPT-4 1997 Code	\$16.83
90706*	CPT-4 1997 Code	\$17.43
90707*	CPT-4 1997 Code	\$34.64
90708*	CPT-4 1997 Code	\$24.47
90709*	CPT-4 1997 Code	\$26.25
90712	CPT-4 1997 Code	\$16.20
90713	CPT-4 1997 Code	\$19.43
90724	CPT-4 1997 Code	\$11.20
90726	CPT-4 1997 Code	Manually Priced
90732	CPT-4 1997 Code	\$12.34
90737*	CPT-4 1997 Code	\$20.00
90744	CPT-4 1997 Code	\$23.45
90745	CPT-4 1997 Code	\$49.20
90746	CPT-4 1997 Code	\$49.20
90747	CPT-4 1997 Code	\$98.40
J2790	Rhogam RhoD Immune Globin	\$39.50

\* The rates for these codes represent the Average Wholesale Price (AWP) for the above vaccines.

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27. Pediatric or family nurse practitioners' services as defined in Section 1905 (a) (21) of the Act (added by Section 6405 of OBRA '89) (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR NURSE PRACTITIONER PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
<u>Preventive Medicine</u>		
<u>NEW PATIENT</u>		
99381 (Z0612)	EPSDT Periodic Full Medical Screen, 0 - 20 years of age	\$51.28
99382 (Z0612)	EPSDT Periodic Full Medical Screen, 0 - 20 years of age	\$51.28
99383 (Z0612)	EPSDT Periodic Full Medical Screen, 0 - 20 years of age	\$51.28
99384 (Z0612)	EPSDT Periodic Full Medical Screen, 0 - 20 years of age	\$51.28
99385 (Z0612)	EPSDT Periodic Full Medical Screen, 0 - 20 years of age	\$51.28
99432	CPT-4 1997 Code	\$65.00
Z1209	Newborn care/EPSDT medical screen in hospital, including physical examination of baby and conferences with parents - global fee	\$78.66

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DATE	7-30-97	
DATE	7-1-97	
HCFA 179	97-02	A

SUPERSEDES: TN - 96-10